oestrogen and pregnanediol excretion. In some instances gonadotrophin excretion was determined. Very small doses of conjugated oestrogen (Premarin) gave encouraging results in a group of patients who had been followed most carefully. A number of these patients clearly ovulated, and in some instances pregnancy followed.[6] Ethinyl oestradiol has also been used with some success in a dosage of 0.001 mg. That these small doses do stimulate F.S.H. secretion has recently been demonstrated by Stevens.[7] At the recent World Congress of Obstetrics and Gynaecology, held in Sydney, McBride reported on the successful induction of ovulation in 12 of 18 women treated with 0.001 mg. of ethinyl oestradiol daily for 10 days. Although only four pregnancies were reported at the time the number has risen to eight.[8]

Clomiphene citrate is a non-steroidal compound with both oestrogenic and antioestrogenic activity, but its precise mode of action in relation to ovulation stimulation is not clear. In view of the chemical similarity to chlorotrianisene (Tace) it is not unlikely that it may operate in a similar manner to very low dosages of Premarin or ethyl oestradiol.—I am, etc.,

Aylesbury, Bucks. H. J. E. COX.

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Nursing Services in General Practice

SIR,—I read with great interest the article on the above subject by Dr. J. Weston Smith and Mrs. E. M. Mottram (16 December, p. 672), and I would like to compliment them on the initiative and enterprise shown in meeting present-day problems in general practice. In all branches of medicine we need to look again at the established traditional ways of providing a service, particularly in view of the shortage of doctors in all three branches of the National Health Service. I would like to make a plea that the work of a nurse in a practice be undertaken by a fully trained district nurse attached to the practice. In a practice such as Dr. Smith's, the work could be undertaken by two nurses, one S.R.N. and one S.E.N., and this would include the work outlined in the article and the home-nursing and any treatment in the surgery.

The merit of this recommendation is that there would be no need to introduce another worker into the practice, which inevitably causes certain difficulties. The advantage of the attached district nurse undertaking practice duties is that she has a knowledge of, and direct access to other local authority health and welfare services—mental welfare officer, child care officers, home helps, medical loans, etc. This is particularly true of the district nurse with district training; and any other training to meet the particular needs of a practice can usually be arranged by the local authority.

In this county we have several district nurses, S.R.N. and S.E.N., attached to practices, and the scope of their work outside traditional district nursing is a matter that is left to the individual practice. The fear of interference by the local authority is much more imaginary than real, as details of working arrangements are fully discussed and agreed before attachment takes place. Not all doctors want district nurses attached to their practice, and not all district nurses are suitable for this work, but a great deal more can be done by experiment and trial to provide the nursing cover best suited to present-day general practice. We have found that where attachment schemes have been agreed better understanding and closer working relations have been established between general practitioners and nurses. It is the policy of this authority to foster attachment of district nurses to general practitioners, and I would be very willing to discuss such schemes with any general practitioner in the county who is interested.—I am, etc.,

County Health Offices, Mold, Flintshire. G. W. ROBERTS.

SIR,—It would be a pity to allow the highly significant article by Dr. J. Weston Smith and Mrs. E. M. Mottram (16 December, p. 672) to pass without comment.

The National Health Service set out to provide medical treatment free at the time. Patients were left with the responsibility of deciding when a doctor was needed. Now, 20 years later, we are told they are not prepared to accept this responsibility but require a new service to advise them whether they need a doctor, to treat illnesses not serious enough to require a doctor, and to secure the provision of free medicine for these minor ailments.

Thus, a nurse was able to deal with over a third of first visits (requested before 10.30 a.m.) in a two-man partnership, and in only 67 out of 537 first visits did she find it necessary to ask a doctor to call subsequently (Table I of the article). She might recommend the doctor to prescribe "a simple cough linctus or antacid." Not only did the patients accept the arrangement, they began to ask for the nurse directly, and the "threshold at which a visit is requested has become lower." Dr. Weston Smith has dramatically extended the scope of the National Health Service. Without breaking the regulations, without an Act of Parliament, perhaps without even a word with the Minister, he has introduced a new service which will no doubt uncover further hidden needs. Others are doing the same by introducing, for example, organ transplantation. They will be competing with Dr. Weston Smith for the available public funds. For, although this article confirms that doctors all over the country are performing the duties of a nurse or wise grandmother at a time of medical manpower shortage, it does not offer the nurse as a solution. On the contrary, the doctors had the impression that, "far from lessening the amount of work done by doctors the amount of consultative work has actually increased."

Here, then, is a vivid illustration of the insatiable demand for medical care and of public readiness to abdicate personal responsibility in health matters. We can choose whether to extend the scope of the National Health Service in the direction of serious illness and introduce charges for minor illness or whether to extend it in all directions at even lower standards. We can even choose to support Dr. Weston Smith's new service and pay through taxation. But, at a time when child poverty needs relief and old-age pensions are inadequate to provide both food and fuel, there is something seriously wrong with a system which can nevertheless provide an ever-increasing army of expensive social workers, doctors, and nurses to visit, console, and treat the victims.—I am, etc.,

Holywell, Flintshire. DAVID L. WILLIAMS.

Early Work with Blood Transfusion

SIR,—Sir Geoffrey Keynes (18 November, p. 410) refers to the tercentenary of blood transfusion. The idea of transferring blood from a healthy person to a sick one had been mooted long before 1667, and apparently attempts had been made to carry out transfusions. In 1492 Pope Innocent VIII died after receiving blood from three youths,[1] all of whom also died, so that it would seem to be a fair presumption that this transfusion was a massive one, and even if by some near miracle all three of the donor bloods were compatible with that of His Holiness the circulation must have been grossly overloaded.

My primary concern in referring to the article mentioned is to draw attention to the fact that in Dublin in the early eighteenth century there was at least one man interested in the possibility of carrying out intrahuman transfusion. This was Richard Pockrich (1695–1759). His own description of the process is nowhere to be found, but a presumably full account appears as a footnote to "The Projector," a "Poem in an Epistle to Richard Pockrich, Esq.," by the satirist Brockhill Newburgh.[2] Though this was published in 1769 it had apparently been written in 1743. Newburgh was related to his subject on the latter's distaff side.

As the description appears in this work it reads "Take an inflex Tube in the Nature of a Scyphon, fix it at the extreme Ends in the Veins of two different Persons to be open'd to receive them, the one youthful, adult, and sanguine, the other aged, decripid, and wither'd. . . . The redundant fermenting Blood of the one, will immediately flow like Wine decanted into the empty shrivell'd Veins of the other. The Effects will be found no less uncommon than surprising. The wither'd Skin Braces, the Flesh plumps up and softens, the Eyes sparkle, the Visage blooms, and the Blood is invigorated with new Supplies of vital Warmth. When the Blood or Spirits begin to fail, or any Symptoms of Mortality do approach, the Experiment is only to be repeated, and so on, with equal success *ad infinitum*. 'Tis a common practice in Housewifry, to renew strong stale Beer for twenty, thirty, or any other Number of Years. Why may not the Fluids of the human Body be renew'd in like Manner? 'Tis certain the Experiment has been try'd on other Animals with Success and if such creatures have happen'd afterwards to die, it has been wholly owing to the Neglect of the propos'd Discipline."

Pockrich apparently realized either that there were major difficulties or possibly never made any effort to carry out practical experiments, but he was so convinced that his blood-transfusion scheme could be successful that he proposed that a Bill be introduced in Parliament which would provide that a person could be legally declared dead when